



# PARTICIPANT APPLICATION

## 2014-2015 GLOBAL UNDERGRADUATE EXCHANGE PROGRAM

1. **Name** (As Written on Official Documents) \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

2. **Country or Countries of Citizenship** \_\_\_\_\_

3. **Country of Legal Residence** \_\_\_\_\_

4. **Place of Birth** \_\_\_\_\_  
(City or Town) (Country)

5. **Date of Birth** \_\_\_\_\_  
(Month) (Day) (Year)

6. **Gender**  Male  Female

7. **Marital Status**  Single  Married **Citizenship(s) of Spouse** (If Applicable) \_\_\_\_\_

8. **In order to respond to required U.S. Government inquiries, please check the box below, on a voluntary basis, if you have the following disabilities:**

- Hearing Impairment
- Speech Impairment
- Visual Impairment (Legally Blind)
- Orthopedic Impairment
- Learning Disorder
- Other (Specify) \_\_\_\_\_

### 9. Current Contact Information

Address Type:  Permanent Residence  Dormitory  Temporary Residence (Other Than Dormitory)

Street/Building Number \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ Postal Index \_\_\_\_\_

Region \_\_\_\_\_ Country \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone (If Applicable) ( ) \_\_\_\_\_

### 10. Permanent Home Address (If Different from Current)

Street/Building Number \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ Postal Index \_\_\_\_\_

Region \_\_\_\_\_ Country \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone (If Applicable) ( ) \_\_\_\_\_

### Paperwork Reduction Act Statement

The information gathered is used by the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) to inform program design, management, and funding. The information collection activity involved with the program is conducted pursuant to the mandate given to the U.S. Department of State under the terms and conditions of the Mutual Educational and Cultural Exchange Act of 1961, Public Law 87-256.

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/A/E, 2200 C Street, NW, SA-5, 4M02, Washington, DC 20522-0504.

**11. Work Address (If Applicable)**

Name of Business \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ Postal Index \_\_\_\_\_  
 Country \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**12. Educational Background** In the table below, please list all universities, institutes, and special academic programs you have attended or are currently attending, with the most recent listed first. Transliterate directly from your native language into English spelling all words pertaining to your education. Do not use American equivalents unless you hold a degree from a U.S. academic institution.

**Example**

Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected
Moscow State University, Moscow	Department of Journalism	August 1990 - May 1995	Diploma	May 1995
Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected

**13. Testing** If you have not taken the Test of English as a Foreign Language (TOEFL), Graduate Records Examinations (GRE), or the Graduate Management Admission Test (GMAT) and are selected as semi-finalist, you may be required to take the TOEFL and GRE or GMAT (business administration applicants) exams. The cost of these examinations will be covered by this program.

If you have previously taken any of the above-mentioned examinations, please give your score and the date and place where you took the examination. Attach a copy of your score report to the application if available. If selected, you may be required to submit official test results via ETS directly to the programming agency.

TOEFL Score \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_ Location \_\_\_\_\_  
 GRE Score \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_ Location \_\_\_\_\_  
 GMAT Score \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_ Location \_\_\_\_\_

I have not taken the TOEFL, GRE, GMAT examination.

**14. University Courses** List below, in English, all the university courses you have taken, and the grades you received. First-year students should list their current university courses followed by their 11th form courses and final grades.

**Attach additional pages if necessary.** Describe the grading system used (example: "5"= excellent to "1"=failing, "A"= excellent to "F"= failing):

<b>Academic Years (for example, 2004-2005)</b>	<b>Subject/Course (Class Title)</b>	<b>Grade</b>

**15. Contact Information**

Native Language is \_\_\_\_\_

During the selection process, it may be necessary for one of our offices to contact you. To assist our offices in maintaining accurate records, please respond in English to the following section.

Name \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Street/Building Number \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ Postal Index \_\_\_\_\_

Country \_\_\_\_\_ Region \_\_\_\_\_

Please respond in english to the following information with either your current academic institution information or employer information, whichever is currently applicable:

Current Academic Institution/Employer \_\_\_\_\_

Department/Position \_\_\_\_\_

Dean or Academic Advisor/Supervisor Name \_\_\_\_\_

Dean or Advisor Telephone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone/Fax/Email \_\_\_\_\_

**16. Proposed Field of Study in The U.S.** Please indicate one specialization that most closely matches your current specialization from the list of eligible fields available in the application instructions.

If selected as a finalist, applicants may not change their field of study during the program.

Proposed Field \_\_\_\_\_

**17. Current Academic Institution** \_\_\_\_\_

FACULTY/DEPARTMENT \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Postal Index \_\_\_\_\_

Country \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**18. Present Course Year:**  First  Second  Third  Fourth

**19. Expected Graduation Date (month/year)** \_\_\_\_\_

**20. Current Specialization/Major in Home Country** \_\_\_\_\_

**21. Previous VISA Information**

**a.** Have you previously traveled on a U.S. Government-sponsored or other U.S. exchange program?  Yes  No

If yes, please complete the following:

Name \_\_\_\_\_ Year(s) \_\_\_\_\_

Location in the U.S. \_\_\_\_\_  
(City) (State)

**b.** Have you ever received a U.S. J-1 Visa?  Yes  No

If yes, list dates showing exact duration of stay in the United States on a J-1 visa (month-day-year - month-day-year).

**c.** Have you ever received a U.S. F-1 Visa?  Yes  No

If yes, list dates showing exact duration of stay in the United States on a F-1 visa (month-day-year - month-day-year).

**d.** Have you been in the U.S. for any other reason?  Yes  No

If yes, please list the duration of stay in the United States, except for visits to the United States as a tourist (month-day-year - month-day-year).

**22. Extra-Curricular Activities** Please list all volunteer positions, work experience, awards, and leadership positions you have held within the past four years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. How long did it take you to answer this survey?** \_\_\_\_\_ minutes.